

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

OCT 13 2010

Change in Company's premium or rate level produced by **STATE OF ILLINOIS**  
 effective October 13, 2010 **DEPARTMENT OF INSURANCE**  
**SPRINGFIELD, ILLINOIS**

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$831,668	+9.9%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopt NCCI's 01/01/10 loss costs and revise loss cost multipliers

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Meridian Security Insurance Company

Name of Company

Ben Mego, State Regulatory Analyst I

Official - Title

FORM (RF-3)  
SUMMARY SHEETChange in Company's premium or rate level produced by rate  
revision effective July 15, 2010

(1)	(2)		(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	\$3,403,106	-7.0%
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Remove the upward deviations for Artisan Contractor  
and Automotive classes.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

**FILED**  
JUL 15 2010  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Mid-Century Insurance Company  
Name of Company

*James J. Gebhard*  
James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective October 13, 2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$4,437,877	+6.2%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopt NCCI's 01/01/10 loss costs and revise loss cost multipliers

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

State Automobile Mutual Insurance Company

Name of Company

Ben Mego, State Regulatory Analyst I

Official - Title

**FILED**

OCT 13 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

Change in Company's premium or rate level produced by rate revision **OCT 13 2010**  
 effective October 13, 2010.

		STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS	
(1)	(2)	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+or-) **	
1. Automobile Liability Private Passenger Commercial			
2. Automobile Physical Damag Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation	\$1,213,059	+2.5%	
Life of Insurance			

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopt NCCI's 01/01/10 loss costs and revise loss cost multipliers

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

State Auto Property and Casualty Insurance Company

Name of Company

Ben Mego, State Regulatory Analyst I

Official - Title

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JUL - 7 2010

Form (RF-3)

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective September 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>17,621,461</u>	<u>+5.8</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
deviations to specific class codes - see attached

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change of + 5.8. Filing a deviation of 1.208 from the NCCI rates for Westfield Insurance  
#228-24112. Also filing deviations to specific class codes; Tier II - 1.00, Tier III .90 (-10%), Tier IV .80 (-20%), all  
other class codes 1.208 (+20).

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

# FILED

SEP 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Westfield Insurance Co.  
Name of Company

Rhonda Roberts, CIC  
Line of Business Specialist  
Commercial Underwriting Office  
Official - Title

ILLINOIS

ILLINOIS SUMMARY SHEET  
FORM RF-3

Change in company's premium or rate level produced by rate revision effective 7/1/2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	<u>                    </u> <u>                    </u>	<u>                    </u> <u>                    </u>
2. Automobile Physical Damage Private Passenger Commercial	<u>                    </u> <u>                    </u>	<u>                    </u> <u>                    </u>
3. Liability Other than Auto	<u>                    </u>	<u>                    </u>
4. Burglary and Theft	<u>                    </u>	<u>                    </u>
5. Glass	<u>                    </u>	<u>                    </u>
6. Fidelity	<u>                    </u>	<u>                    </u>
7. Surety	<u>                    </u>	<u>                    </u>
8. Boiler and Machinery	<u>                    </u>	<u>                    </u>
9. Fire	<u>                    </u>	<u>                    </u>
10. Extended Coverage	<u>                    </u>	<u>                    </u>
11. Inland Marine	<u>                    </u>	<u>                    </u>
12. Homeowners	<u>                    </u>	<u>                    </u>
13. Commercial Multi-Peril	<u>                    </u>	<u>                    </u>
14. Crop Hail	<u>                    </u>	<u>                    </u>
15. Workers' Compensation	<u>10,981,822</u>	<u>-6.9%</u>
16. Other <u>                    </u> Line of Insurance	<u>                    </u>	<u>                    </u>

**FILED**  
JUL 01 2010  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization)                       
We are filing to revise our selected devitaions by class.                     

\* Adjusted to reflect all prior rate changes.

\*\* Change in company's premium level which will result from application of new rates.

Zenith Insurance Company  
Name of Company

Jason Clarke, Senior Vice President & Actuary  
Official - Title